

BUSINESS LICENSE APPLICATION
CONTRACTOR/SUB-CONTRACTOR
CITY OF AUBURN
1225 Lincoln Way, Room 1, Auburn, CA 95603
(530) 823-4211, Ext. 114

Obtaining a business license does not relieve your obligation to comply with planning, fire and other regulatory codes. If application covers a business that will be operated in the city limits of Auburn on a seasonal basis but from a permanent location, future licenses must be obtained on an annual basis. (Auburn Municipal Code Sec. 3-1-105)

NAME OF BUSINESS _____ BUS. PHONE _____

MAILING ADDRESS _____ HM. PHONE _____

BUSINESS LOCATION ADDRESS _____

OWNER'S NAME _____ MANAGER'S NAME _____

OWNER'S HOME ADDRESS _____

DATE BUSINESS TO START _____ BUSINESS TYPE _____

☐ New Business ☐ Existing Business (new owner)

Type of Ownership: ☐ Private ☐ Corporation ☐ Partnership ☐ Limited Liability Partnership

Please list corporation officers or partners names and address:

Driver's License # _____ Social Security # _____

FEIN # _____ SEIN # _____
(Federal Employer ID) (State Employer ID)

State Board of Equalization # _____ Contractor's License # _____

Annual License Requested? ☐ Yes ☐ No

Hazardous Materials Storage Disclosure: ☐ Filed ☐ Not Applicable

SIGNS: ☐ No sign ☐ Use existing sign (no changes) ☐ Modify existing sign ☐ New sign

I DECLARE OF MY OWN PERSONAL KNOWLEDGE THAT THE FOREGOING IS TRUE AND CORRECT.

Date of Application: _____
Signature of Applicant or Representative _____

The following clearances are required, when applicable and as indicated, prior to issuance of the Business License:

<input type="checkbox"/> Comm. Dev. Dept. _____	<input type="checkbox"/> Police Dept. _____	<input type="checkbox"/> Airport _____
<input type="checkbox"/> Health Dept. _____	<input type="checkbox"/> Building Dept. _____	<input type="checkbox"/> Airport Liability Ins. _____
<input type="checkbox"/> Fire Dept. _____	<input type="checkbox"/> Public Works _____	<input type="checkbox"/> Airport Min. Stds./Access Fees _____
<input type="checkbox"/> Non-profit papers (copies needed)	<input type="checkbox"/> Hazard Mats Form _____	<input type="checkbox"/> Underground Storage Tank Disclosure _____
	<input type="checkbox"/> City Manager _____	<input type="checkbox"/> Workers Comp _____

Date Issued _____ Category _____ Industry Code (SIC) _____